

## Editorial Note on Pediatric Plastic Surgery **Nehal Anam\***

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### Editorial

While shared decision-making is critical in providing patient-centered treatment, its position in paediatric plastic surgery is unclear. The aim of this study was to determine the degree of involvement that infants, caregivers, and surgeons prefer in surgical decision-making. The authors conducted a survey of 100 paediatric plastic surgery patients and their families to learn about their expectations for child participation in surgical decision-making.

The Fleiss kappa was used to measure community consensus. The relationship between decision-making preferences and selected demographic variables was investigated using bivariate Chi-square tests and multinomial logistic regression. Just 34% of children and their caregivers ( $k = 0.04$ ) decided on their decision-making priorities. Shared decision-making between the patient, caregiver, and surgeon was preferred by the majority of children (40%) and caregivers (67%) in this study. Just 16 percent of children wanted their decisions to be made by a doctor, while 20% wanted full autonomy. Children's preferences were found to be substantially related to their age, with teenagers and teens having a lower relative risk of deferring to caregivers or surgeons over a shared strategy than children under 10 years old (relative risk = 0.20; 95 percent confidence interval: 0.054-0.751;  $P = 0.02$ ). The interests of caregivers did not change with the child's age,

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but rather with the child's gender. When the child was male, caregivers were more likely to select the choice that gave the child more autonomy.

Although most caregivers favoured a collaborative approach to decision-making, children, particularly as they grew older, wanted more autonomy. Since caregivers and children's interests differed, surgeons must be aware of these differences when negotiating treatment strategies in order to maximise both patient and parent satisfaction.